

Fill in this information to identify the case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF TEXASCase number (if known): _____ Chapter 7☐ Check if this is an amended filing**Official Form 201****Voluntary Petition for Non-Individuals Filing for Bankruptcy****04/20**

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, Instructions for Bankruptcy Forms for Non-Individuals, is available.

1. **Debtor's name** The Experience Restaurant and Performing Arts Center, LLC

2. **All other names debtor used in the last 8 years**
 Include any assumed names, trade names and *doing business as* names

3. **Debtor's federal Employer Identification Number (EIN)** 8 1 - 1 3 3 3 3 0 9

4. **Debtor's address**

| | |
|--|--|
| Principal place of business <u>1713 Cross Roads Drive</u> Number Street _____ _____ <u>Grapevine TX 76051</u> City State ZIP Code <u>Tarrant</u> County | Mailing address, if different from principal place of business _____ Number Street _____ P.O. Box _____ _____ _____ City State ZIP Code Location of principal assets, if different from principal place of business _____ Number Street _____ _____ _____ City State ZIP Code |
|--|--|

5. **Debtor's website (URL)** _____

6. **Type of debtor**

| | |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) |
| <input type="checkbox"/> | Partnership (excluding LLP) |
| <input type="checkbox"/> | Other. Specify: _____ |

Debtor **The Experience Restaurant and Performing Arts Center, LLC**

Case number (if known) _____

7. Describe debtor's business*A. Check one:*

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Railroad (as defined in 11 U.S.C. § 101(44))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
☒ None of the above

B. Check all that apply:

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>

8. Under which chapter of the Bankruptcy Code is the debtor filing?

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

Check one:

- ☒ Chapter 7
☐ Chapter 9
☐ Chapter 11. *Check all that apply:*

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,725,625. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
☐ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, AND IT CHOOSES TO PROCEED UNDER SUBCHAPTER V OF CHAPTER 11. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
☐ A plan is being filed with this petition.
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy Under Chapter 11 (Official Form 201A) with this form.
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

- ☐ Chapter 12

Debtor The Experience Restaurant and Performing Arts Center, LLC

Case number (if known) _____

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

If more than 2 cases, attach a separate list.

☒ No☐ Yes. District _____ When _____ Case number _____
MM / DD / YYYYDistrict _____ When _____ Case number _____
MM / DD / YYYYDistrict _____ When _____ Case number _____
MM / DD / YYYY**10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?**

List all cases. If more than 1, attach a separate list.

☒ No☐ Yes. Debtor _____ Relationship _____District _____ When _____
MM / DD / YYYY

Case number, if known _____

Debtor _____ Relationship _____

District _____ When _____
MM / DD / YYYY

Case number, if known _____

11. Why is the case filed in this district?*Check all that apply:*☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

Debtor **The Experience Restaurant and Performing Arts Center, LLC**

Case number (if known) _____

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

- ☒ No
- ☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard? _____
- ☐ It needs to be physically secured or protected from the weather.
- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- ☐ Other _____

Where is the property?

Number Street

City

State

ZIP Code

Is the property insured?

- ☐ No
- ☐ Yes. Insurance agency _____
Contact name _____
Phone _____

Statistical and administrative information**13. Debtor's estimation of available funds**

Check one:

- ☐ Funds will be available for distribution to unsecured creditors.
- ☒ After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

14. Estimated number of creditors

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input type="checkbox"/> 50-99 | <input type="checkbox"/> 5,001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

15. Estimated assets

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

16. Estimated liabilities

- | | | |
|---|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input checked="" type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Debtor **The Experience Restaurant and Performing Arts Center, LLC**

Case number (if known) _____

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

- The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.
- I have been authorized to file this petition on behalf of the debtor.
- I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 06/22/2020
MM / DD / YYYY

X /s/ Andre Williams

Signature of authorized representative of debtor

Andre Williams

Printed name

Owner

Title

18. Signature of attorney**X /s/ Marcus Leinart**

Signature of attorney for debtor

Date **06/22/2020**

MM / DD / YYYY

Marcus Leinart

Printed name

Leinart Law Firm

Firm name

10670 N Central Expwy

Number Street

Suite 320**Dallas**

City

TX

State

75231

ZIP Code

(469) 232-3328

Contact phone

Email address

00794156

Bar number

TX

State

Fill in this information to identify the caseDebtor name The Experience Restaurant and Performing Arts Center, LUnited States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXASCase number _____
(if known)☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets -- Real and Personal Property****12/15**

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

2. Cash on hand

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. Business Checking accountChecking account

_____\$0.00

4. Other cash equivalents (Identify all)

Name of institution (bank or brokerage firm)

5. Total of Part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$0.00**Part 2: Deposits and prepayments****6. Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.
☒ Yes. Fill in the information below.

Debtor The Experience Restaurant and Performing Arts Center, LLC
Name

Case number (if known) _____

| General description | Date of the last physical inventory MM/DD/YYYY | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|---|---|--|---|------------------------------------|
| 19. Raw materials | | | | |
| 2 Cases of Wine | | | | \$300.00 |
| 20. Work in progress | | | | |
| 21. Finished goods, including goods held for resale | | | | |
| 22. Other inventory or supplies | | | | |
| 23. Total of Part 5 | | | | \$300.00 |
| Add lines 19 through 22. Copy the total to line 84. | | | | |
| 24. Is any of the property listed in Part 5 perishable? | | | | |
| <input checked="" type="checkbox"/> No | | | | |
| <input type="checkbox"/> Yes | | | | |
| 25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed? | | | | |
| <input checked="" type="checkbox"/> No | | | | |
| <input type="checkbox"/> Yes. Book value _____ Valuation method _____ Current value _____ | | | | |
| 26. Has any of the property listed in Part 5 been appraised by a professional within the last year? | | | | |
| <input checked="" type="checkbox"/> No | | | | |
| <input type="checkbox"/> Yes | | | | |

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming or fishing-related assets (other than titled motor vehicles and land)?

☒ No. Go to Part 7.

☐ Yes. Fill in the information below.

| General description | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|---|--|---|------------------------------------|
| 28. Crops--either planted or harvested | | | |
| 29. Farm animals <i>Examples:</i> Livestock, poultry, farm-raised fish | | | |
| 30. Farm machinery and equipment (Other than titled motor vehicles) | | | |
| 31. Farm and fishing supplies, chemicals, and feed | | | |
| 32. Other farming and fishing-related property not already listed in Part 6 | | | |
| 33. Total of Part 6. | | | \$0.00 |
| Add lines 28 through 32. Copy the total to line 85. | | | |
| 34. Is the debtor a member of an agricultural cooperative? | | | |
| <input type="checkbox"/> No | | | |
| <input type="checkbox"/> Yes. Is any of the debtor's property stored at the cooperative? | | | |
| <input type="checkbox"/> No | | | |
| <input type="checkbox"/> Yes | | | |
| 35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed? | | | |
| <input type="checkbox"/> No | | | |
| <input type="checkbox"/> Yes. Book value _____ Valuation method _____ Current value _____ | | | |
| 36. Is a depreciation schedule available for any of the property listed in Part 6? | | | |
| <input type="checkbox"/> No | | | |
| <input type="checkbox"/> Yes | | | |

Debtor The Experience Restaurant and Performing Arts Center, LL^c Case number (if known) _____
 Name

37. Has any of the property listed in Part 6 been appraised by a professional within the last year?

- ☐ No
☐ Yes

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.
☒ Yes. Fill in the information below.

| General description | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|--|--|---|------------------------------------|
| 39. Office furniture | | | |
| Lease/Purchase Tables and Chairs | | | \$0.00 |
| Lease/Purchase 15 Barstools/4 High Top Tables & 16 High Chairs/stainless steel tables | | | \$0.00 |
| Lease/Purchase 125 Chairs | | | \$0.00 |
| Lease/Purchase 40 Dining Tables | | | \$0.00 |
| Desk | | | \$100.00 |
| 2 Wall Sinks | | | \$200.00 |
| 2 Mini Fridges | | | \$300.00 |
| 50 LED Table Lamps | | | \$200.00 |
| 8 Sitting Chairs | | | \$0.00 |
| Decorative Plants | | | \$500.00 |
| Bench | | | \$300.00 |
| Canvass Art Work | | | \$1,000.00 |
| 40. Office fixtures | | | |
| Custom Stage Drapery | | | \$0.00 |
| Custom Window Drapery | | | \$2,500.00 |
| 41. Office equipment, including all computer equipment and communication systems equipment and software | | | |
| Printer | | | \$200.00 |
| 24 house speakers | | | \$2,000.00 |
| Lease/Purchase Stage Lighting | | | \$0.00 |
| 3 55' Televisions | | | |
| 2 70' Sharp Monitors | | | \$0.00 |

42. **Collectibles** *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$7,300.00

44. Is a depreciation schedule available for any of the property listed in Part 7?

- ☒ No
☐ Yes

Debtor **The Experience Restaurant and Performing Arts Center, LL^c** Case number (if known) _____
 Name

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☐ No. Go to Part 9.
☒ Yes. Fill in the information below.

| General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number) | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|--|---|--|---------------------------------------|
| 47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles | | | |
| 48. Watercraft, trailers, motors, and related accessories Examples: Boats trailers, motors, floating homes, personal watercraft, and fishing vessels | | | |
| 49. Aircraft and accessories | | | |
| 50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment) | | | |
| Lease/Purchase Kitchen Equipment: flattop grill, boiler grill, 2 deep fryers. | | | \$0.00 |
| Convection Oven | | | \$0.00 |
| Sandwich Prep Station | | | \$1,000.00 |
| Food Warmer | | | \$200.00 |
| Lease/Purchase Audio Equipment, Yamaha Mixer, Presonus CDL12 ACTIVE LINE ARRAY, Presonus CDL18S SUBWOOFER (2), Presonus AIR12 Stage Monitors (4), Presonus ULT12 SIDE FILL SPEAKERS (2), Audio Patch Snake | | | \$0.00 |
| Assorted Glasses | | | \$1,500.00 |
| Assorted pots/pans/plates/ | | | \$1,000.00 |
| Lease/Purchase Ice Maker | | | \$0.00 |
| Lease/Purchase Dishwasher | | | \$0.00 |
| Microwave (broken) | | | \$100.00 |
| Signage | | | \$0.00 |

51. Total of Part 8.

Add lines 47 through 50. Copy the total to line 87.

\$3,800.00

52. Is a depreciation schedule available for any of the property listed in Part 8?

- ☒ No
☐ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Debtor The Experience Restaurant and Performing Arts Center, LL
Name

Case number (if known) _____

Part 9: Real property**54. Does the debtor own or lease any real property?**

- ☒ No. Go to Part 10.
☐ Yes. Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

| Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available. | Nature and extent of debtor's interest in property | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|--|--|---|---|---------------------------------------|
| | | | | |

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$0.00**57. Is a depreciation schedule available for any of the property listed in Part 9?**

- ☐ No
☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☐ No
☐ Yes

Part 10: Intangibles and Intellectual Property**59. Does the debtor have any interests in intangibles or intellectual property?**

- ☐ No. Go to Part 11.
☒ Yes. Fill in the information below.

| General description | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|---|---|--|---------------------------------------|
| 60. Patents, copyrights, trademarks, and trade secrets | | | |
| 61. Internet domain names and websites | | | |
| 62. Licenses, franchises, and royalties | | | |
| Liquor Beverage and Food License-Surrendering to Texas Alcohol Beverage Commission | | | \$7,000.00 |

63. Customer lists, mailing lists, or other compilations**64. Other intangibles, or intellectual property****65. Goodwill****66. Total of Part 10.**

Add lines 60 through 65. Copy the total to line 89.

\$7,000.00**67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?**

- ☒ No
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☒ No
☐ Yes

Debtor The Experience Restaurant and Performing Arts Center, LL Case number (if known) _____
 Name

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☒ No. Go to Part 12.
☐ Yes. Fill in the information below.

Current value of
debtor's interest

71. Notes receivable

Description (include name of obligor)

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

73. Interests in insurance policies or annuities

74. Causes of action against third parties (whether or not a lawsuit has been filed)

75. Other contingent and unliquidated claims or causes of action of every nature,
including counterclaims of the debtor and rights to set off claims

76. Trusts, equitable or future interests in property

77. Other property of any kind not already listed *Examples:* Season tickets, country club membership

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$0.00

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- ☐ No
☐ Yes

Debtor The Experience Restaurant and Performing Arts Center, LLC
Name

Case number (if known) _____

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

| Type of property | Current value of personal property | Current value of real property |
|--|---|--|
| 80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i> | <u>\$0.00</u> | |
| 81. Deposits and prepayments. <i>Copy line 9, Part 2.</i> | <u>\$0.00</u> | |
| 82. Accounts receivable. <i>Copy line 12, Part 3.</i> | <u>\$0.00</u> | |
| 83. Investments. <i>Copy line 17, Part 4.</i> | <u>\$0.00</u> | |
| 84. Inventory. <i>Copy line 23, Part 5.</i> | <u>\$300.00</u> | |
| 85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i> | <u>\$0.00</u> | |
| 86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i> | <u>\$7,300.00</u> | |
| 87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i> | <u>\$3,800.00</u> | |
| 88. Real property. <i>Copy line 56, Part 9.....</i> → | | <u>\$0.00</u> |
| 89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i> | <u>\$7,000.00</u> | |
| 90. All other assets. <i>Copy line 78, Part 11.</i> | + <u>\$0.00</u> | |
| 91. Total. Add lines 80 through 90 for each column. | 91a. <u>\$18,400.00</u> | + 91b. <u>\$0.00</u> |
| 92. Total of all property on Schedule A/B. Lines 91a + 91b = 92..... | <u>\$18,400.00</u> | |

Fill in this information to identify the case:Debtor name The Experience Restaurant and Performing Arts Center, LUnited States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXASCase number _____
(if known)☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.☒ Yes. Fill in all of the information below.**Part 1: List Creditors Who Have Secured Claims****2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

| Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim |
|--|--|
|--|--|

2.1**Creditor's name**
Amur Equipment Lease**Describe debtor's property that is
subject to a lien****\$51,400.00****\$0.00****Creditor's mailing address**
308 N. Locust St.**Lease Kitchen Equipment and Media Equipment****Describe the lien****Contract/Lease****Grand Island NE 68801****Is the creditor an insider or related party?**☒ No☐ Yes**Creditor's email address, if known****Is anyone else liable on this claim?**☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)**Date debt was incurred****Last 4 digits of account
number****8 1 8 0****As of the petition filing date, the claim is:**

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed**Do multiple creditors have an interest in
the same property?**☒ No☐ Yes. Specify each creditor, including this creditor, and its relative priority.**Surrender****3. Total of the dollar amounts from Part 1, Column A, including the amounts from the
Additional Page, if any.****\$70,183.47**

Debtor **The Experience Restaurant and Performing Arts Center, LL^c**

Case number (if known) _____

Part 1: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column A
Amount of claim
 Do not deduct the
 value of collateral.

Column B
Value of collateral
that supports
this claim

| | | | | |
|------------|--|--|----------------------------|----------------------------|
| 2.2 | Creditor's name Click Lease <hr/> Creditor's mailing address 1182 W. 2400 S. <hr/> <hr/> West Valley City UT 84119 <hr/> Creditor's email address, if known <hr/> <hr/> Date debt was incurred _____ Last 4 digits of account number <u>1</u> <u>7</u> <u>4</u> <u>3</u> Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____ | Describe debtor's property that is subject to a lien Lease Barstools/High Top Tables <hr/> Describe the lien Contract/Lease <hr/> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$4,000.00 <hr/> | \$4,000.00 <hr/> |
|------------|--|--|----------------------------|----------------------------|

Surrender

| | | | | |
|------------|--|--|--------------------------|------------------------|
| 2.3 | Creditor's name Eco Lap <hr/> Creditor's mailing address 7373 Kirkwood Ct. Ste. 200 <hr/> <hr/> Maple Grove MN 55369 <hr/> Creditor's email address, if known <hr/> <hr/> Date debt was incurred _____ Last 4 digits of account number <u>9</u> <u>5</u> <u>3</u> <u>2</u> Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____ | Describe debtor's property that is subject to a lien Lease/Purchase Dishwasher (from Eco Lap) <hr/> Describe the lien Business Debt <hr/> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$543.47 <hr/> | \$0.00 <hr/> |
|------------|--|--|--------------------------|------------------------|

Debtor **The Experience Restaurant and Performing Arts Center, LL^c**

Case number (if known) _____

Part 1: Additional Page

Column A
Amount of claim
 Do not deduct the
 value of collateral.

Column B
**Value of collateral
 that supports
 this claim**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

| | | | | |
|------------|--|---|--------------------|---------------|
| 2.4 | Creditor's name Metroplex Refrigeration Inc <hr/> Creditor's mailing address 5224 Kaltenbrun Rd <hr/> <hr/> Fort Worth TX 76119 <hr/> Creditor's email address, if known <hr/> <hr/> Date debt was incurred _____ Last 4 digits of account number _____ Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____ | Describe debtor's property that is subject to a lien Lease/Purchase Ice Maker <hr/> Describe the lien Lease Deficiency <hr/> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| 2.5 | Creditor's name Providence Capital Equipment <hr/> Creditor's mailing address 3020 Saturn St. Ste. 203 <hr/> <hr/> Brea CA 92821 <hr/> Creditor's email address, if known <hr/> <hr/> Date debt was incurred _____ Last 4 digits of account number _____ Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____ | Describe debtor's property that is subject to a lien Tables and Chairs <hr/> Describe the lien Secured <hr/> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$14,240.00 | \$0.00 |

Surrender

Fill in this information to identify the case:Debtor The Experience Restaurant and Performing Arts Center, LUnited States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXASCase number _____
(if known)☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with **PRIORITY** unsecured claims and Part 2 for creditors with **NONPRIORITY** unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- ☒ No. Go to Part 2.
☐ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or part.

If more space is needed for priority unsecured claims, fill out and attach the Additional Page of Part 1.

Total claim Priority amount

2.1 Priority creditor's name and mailing addressAs of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Date or dates debt was incurred

Last 4 digits of account number _____

Specify Code subsection of **PRIORITY** unsecured claim: 11 U.S.C. § 507(a)(_____)

Is the claim subject to offset?

- ☐ No
☐ Yes

Debtor The Experience Restaurant and Performing Arts Center, LL^c Case number (if known) _____**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If more space is needed for nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

| | | | |
|---|---|--|-------------------|
| <div style="border: 1px solid black; padding: 2px; width: fit-content;">3.1</div> | Nonpriority creditor's name and mailing address <u>Admiral Linen & Uniform</u> <u>c/o Richard T Avis, Atty & Assoc</u> <u>PO Box 31579</u> <u>Chicago</u> <u>IL</u> <u>60631</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$1,018.57</u> |
| <div style="border: 1px solid black; padding: 2px; width: fit-content;">3.2</div> | Nonpriority creditor's name and mailing address <u>ADT Security Services</u> <u>PO Box 650485</u> <u>Dallas</u> <u>TX</u> <u>75265-0485</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$0.00</u> |
| <div style="border: 1px solid black; padding: 2px; width: fit-content;">3.3</div> | Nonpriority creditor's name and mailing address <u>ADT Security Services</u> <u>PO Box 371878</u> <u>Pittsburgh</u> <u>PA</u> <u>15250-7878</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$1,018.57</u> |
| <div style="border: 1px solid black; padding: 2px; width: fit-content;">3.4</div> | Nonpriority creditor's name and mailing address <u>AlSCO Linin</u> <u>1340 E. Berry St.</u> <u>Fort Worth</u> <u>TX</u> <u>76119</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> 4 </u> <u> 6 </u> <u> 1 </u> <u> 2 </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$712.57</u> |

Debtor The Experience Restaurant and Performing Arts Center, LL^c Case number (if known) _____**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

| | | | |
|--|---|--|--------------------|
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">3.5</div> | Nonpriority creditor's name and mailing address <u>American Express Blue Business Plus</u> <u>P.O. Box 650448</u> <u>Dallas</u> <u>TX</u> <u>75265-0448</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$8,239.82</u> |
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">3.6</div> | Nonpriority creditor's name and mailing address <u>American Express Business</u> <u>P.O. Box 6540448</u> <u>Dallas</u> <u>TX</u> <u>75265</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$13,267.90</u> |
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">3.7</div> | Nonpriority creditor's name and mailing address <u>AT&T</u> <u>PO Box 90245</u> <u>Arlington</u> <u>TX</u> <u>76004</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$3,780.49</u> |
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">3.8</div> | Nonpriority creditor's name and mailing address <u>Atmos Energy</u> <u>PO Box 650653</u> <u>Dallas</u> <u>TX</u> <u>75265-0653</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$937.28</u> |

Debtor The Experience Restaurant and Performing Arts Center, LL^c Case number (if known) _____**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

| | | | |
|---|---|--|-------------------|
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">3.9</div> | Nonpriority creditor's name and mailing address <u>Chase Bank</u> <u>PO Box 182051</u> <u>Columbus</u> <u>OH</u> <u>43218-2051</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>5</u> <u>2</u> <u>1</u> <u>2</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$0.00</u> |
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">3.10</div> | Nonpriority creditor's name and mailing address <u>City of Grapevine</u> <u>200 S. Main St.</u> <u>Grapevine</u> <u>TX</u> <u>76051</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>7</u> <u>0</u> <u>0</u> <u>6</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$3,500.00</u> |
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">3.11</div> | Nonpriority creditor's name and mailing address <u>Coke</u> <u>PO Box 744010</u> <u>Atlanta</u> <u>GA</u> <u>30384</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>2</u> <u>8</u> <u>4</u> <u>0</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$826.51</u> |
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">3.12</div> | Nonpriority creditor's name and mailing address <u>Fort Worth Fire Extinguisher Co</u> <u>2400 Ludelle St, Unit 312</u> <u>Fort Worth</u> <u>TX</u> <u>76105</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$540.35</u> |

Debtor The Experience Restaurant and Performing Arts Center, LL^c Case number (if known) _____**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

| | | | |
|---|--|--|-------------------|
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">3.13</div> | Nonpriority creditor's name and mailing address <u>Freshpoint</u> <u>4721 Simonton Rd.</u> <u>Dallas TX 75244</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>6</u> <u>8</u> <u>3</u> <u>2</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$3,302.90</u> |
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">3.14</div> | Nonpriority creditor's name and mailing address <u>Grapevine Water Billing</u> <u>200 S Main St</u> <u>Grapevine TX 76051</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _ ____ _ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$408.92</u> |
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">3.15</div> | Nonpriority creditor's name and mailing address <u>Hardies Meat</u> <u>PO Box 671554</u> <u>Dallas TX 75267-1554</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>P</u> <u>1</u> <u>7</u> <u>0</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$775.61</u> |
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">3.16</div> | Nonpriority creditor's name and mailing address <u>Itria Ventures</u> <u>One Penn Plaza, Suite 4530</u> <u>New York NY 10119</u> Date or dates debt was incurred <u>9/3/19</u> Last 4 digits of account number <u>8</u> <u>7</u> <u>4</u> <u>2</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$7,333.28</u> |

Debtor The Experience Restaurant and Performing Arts Center, LL^c Case number (if known) _____**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

| | | | |
|---|--|--|--------------------|
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">3.17</div> | Nonpriority creditor's name and mailing address <u>Kabbage</u> <u>730 Peachtree St. NE Ste #1100</u> <u>Atlanta</u> <u>GA</u> <u>30308</u> Date or dates debt was incurred <u>7/2019</u> Last 4 digits of account number <u>7</u> <u>3</u> <u>2</u> <u>9</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$20,583.47</u> |
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">3.18</div> | Nonpriority creditor's name and mailing address <u>Kabbage</u> <u>925B Peachtree St NE</u> <u>Atlanta</u> <u>GA</u> <u>30309</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$0.00</u> |
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">3.19</div> | Nonpriority creditor's name and mailing address <u>Lighthouse Harbortouch</u> <u>2202 N. Irving St.</u> <u>Allentown</u> <u>PA</u> <u>18109</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>0</u> <u>2</u> <u>9</u> <u>6</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$4,000.00</u> |
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">3.20</div> | Nonpriority creditor's name and mailing address <u>Metro Linen</u> <u>325 E. Industrial Blvd.</u> <u>McKinney</u> <u>TX</u> <u>75070</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>0</u> <u>0</u> <u>0</u> <u>0</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$597.00</u> |

Debtor **The Experience Restaurant and Performing Arts Center, LL^c**

Case number (if known) _____

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

| | | | |
|---|---|--|---------------------|
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">3.21</div> | Nonpriority creditor's name and mailing address <u>Miller Business Solutions</u> <u>5823 Jacksboro Hwy</u> <u>Fort Worth</u> <u>TX</u> <u>76114</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$109,592.02</u> |
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">3.22</div> | Nonpriority creditor's name and mailing address <u>Navy Federal Credit Union</u> <u>820 Follin Lane</u> <u>Vienna</u> <u>VA</u> <u>22180</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$14,934.36</u> |
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">3.23</div> | Nonpriority creditor's name and mailing address <u>Navy Federal Credit Union</u> <u>820 Follin Lane</u> <u>Vienna</u> <u>VA</u> <u>22180</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$18,099.31</u> |
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">3.24</div> | Nonpriority creditor's name and mailing address <u>Navy Federal Credit Union</u> <u>820 Follin Lane</u> <u>Vienna</u> <u>VA</u> <u>22180</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$10,053.16</u> |

Debtor The Experience Restaurant and Performing Arts Center, LL^c Case number (if known) _____**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

| | | | |
|---|--|---|--------------------|
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">3.25</div> | Nonpriority creditor's name and mailing address <u>NuCo2</u> <u>2800 SE Market Place</u> <u>Stuart</u> <u>FL</u> <u>34997</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>3</u> <u>6</u> <u>1</u> <u>8</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$1,012.36</u> |
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">3.26</div> | Nonpriority creditor's name and mailing address <u>People Fund</u> <u>2921 E. 17th St. Bldg. D Ste. 1</u> <u>Austin</u> <u>TX</u> <u>78702</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>3</u> <u>2</u> <u>3</u> <u>7</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$15,000.00</u> |
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">3.27</div> | Nonpriority creditor's name and mailing address <u>Premier Bank Texas</u> <u>1115 S. Main St.</u> <u>Grapevine</u> <u>TX</u> <u>76051</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>7</u> <u>0</u> <u>2</u> <u>8</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$37,250.00</u> |
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">3.28</div> | Nonpriority creditor's name and mailing address <u>Regional Airport Limited Partnership</u> <u>7015 Snider Plaza Ste. 203</u> <u>Dallas</u> <u>TX</u> <u>75205</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lease Deficiency</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$11,400.00</u> |

Debtor The Experience Restaurant and Performing Arts Center, LL^c Case number (if known) _____**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

| | | | |
|---|--|--|--------------------|
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">3.29</div> | Nonpriority creditor's name and mailing address <u>Republic Services</u> <u>6100 Elliot Reeder Rd</u> <u>Fort Worth TX 76117</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$1,208.88</u> |
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">3.30</div> | Nonpriority creditor's name and mailing address <u>Simply Funding</u> <u>45 Broadway, Suite 2450</u> <u>New York NY 10006</u> Date or dates debt was incurred <u>11/7/2019</u> Last 4 digits of account number <u>4</u> <u>0</u> <u>5</u> <u>4</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$18,900.00</u> |
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">3.31</div> | Nonpriority creditor's name and mailing address <u>Smart Care</u> <u>PO Box 74008980</u> <u>Chicago IL 60674-8980</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>1</u> <u>1</u> <u>8</u> <u>5</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$8,926.69</u> |
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">3.32</div> | Nonpriority creditor's name and mailing address <u>Sysco Foods</u> <u>800 Trinity Drive</u> <u>Lewisville TX 75056</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>6</u> <u>7</u> <u>9</u> <u>3</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$8,092.00</u> |

Debtor **The Experience Restaurant and Performing Arts Center, LL^c**

Case number (if known) _____

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

| | | |
|--|---|-------------------|
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">3.33</div> Nonpriority creditor's name and mailing address <u>Texas Alcoholic Beverage Commission</u> <u>Licenses and Permit Division</u> <u>PO Box 13127</u> <u>Austin TX 78711-3127</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>6</u> <u>1</u> <u>6</u> <u>3</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Taxes</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$0.00</u> |
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">3.34</div> Nonpriority creditor's name and mailing address <u>Texas Comptroller Public Accounts</u> <u>PO Box 13528</u> <u>Austin TX 78711</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>0</u> <u>9</u> <u>0</u> <u>7</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Taxes</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$0.00</u> |
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">3.35</div> Nonpriority creditor's name and mailing address <u>Txu Electric/TXU Energy</u> <u>Attention: Bankruptcy</u> <u>PO Box 650393</u> <u>Dallas TX 75265</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>5</u> <u>4</u> <u>9</u> <u>4</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$5,667.60</u> |
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">3.36</div> Nonpriority creditor's name and mailing address <u>Viasat, Inc</u> <u>6155 El Camino Real</u> <u>Carlsbad CA 92009</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>7</u> <u>4</u> <u>5</u> <u>6</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$936.90</u> |

Debtor The Experience Restaurant and Performing Arts Center, LL^c Case number (if known) _____**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts

5a. Total claims from Part 1 5a. \$0.005b. Total claims from Part 2 5b. **+** \$331,916.525c. Total of Parts 1 and 2 5c. \$331,916.52
Lines 5a + 5b = 5c.

Fill in this information to identify the case:Debtor name The Experience Restaurant and Performing Arts Center, LUnited States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXASCase number _____ Chapter 7
(if known)☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.**1. Does the debtor have any executory contracts or unexpired leases?**

- ☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

| | | | |
|-----|--|---|---|
| 2.1 | State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract | Lease Kitchen Equipment and Media Equipment Contract to be REJECTED | <u>Amur Equipment Lease</u> <u>308 N. Locust St.</u> <u>Grand Island</u> <u>NE</u> <u>68801</u> |
| 2.2 | State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract | Lease Barstools/High Top Tables Contract to be REJECTED | <u>Click Lease</u> <u>1182 W. 2400 S.</u> <u>West Valley City</u> <u>UT</u> <u>84119</u> |
| 2.3 | State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract | Dishwasher Contract to be REJECTED | <u>Eco Lap</u> <u>7373 Kirkwood Ct. Ste. 200</u> <u>Maple Grove</u> <u>MN</u> <u>55369</u> |
| 2.4 | State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract | Ice Maker Contract to be REJECTED | <u>Metroplex Refrigeration</u> <u>5224 Kaltenbrun Rd</u> <u>Fort Worth</u> <u>TX</u> <u>76119</u> |

Debtor The Experience Restaurant and Performing Arts Center, LLC

Case number (if known) _____

Additional Page if Debtor Has More Executory Contracts or Unexpired Leases

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

| | | | |
|-----|--|---|--|
| 2.5 | State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract | Business Lease Contract to be REJECTED | <u>Regional Airport Limited Partnership</u> <u>7015 Snider Plaza Ste. 203</u> <u>Dallas TX 75205</u> |
|-----|--|---|--|

Fill in this information to identify the case:Debtor name The Experience Restaurant and Performing Arts Center, LUnited States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXASCase number _____
(if known)☐ Check if this is an
amended filing**Official Form 206H****Schedule H: Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

- ☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☐ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

*Column 1: Codebtor**Column 2: Creditor***Name****Mailing address****Name***Check all schedules
that apply:*

Fill in this information to identify the case:Debtor Name The Experience Restaurant and Performing Arts Center, LLCUnited States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS

Case number (if known): _____

☐ Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets**1. Schedule A/B: Assets--Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from Schedule A/B..... **\$0.00****1b. Total personal property:**Copy line 91A from Schedule A/B..... **\$18,400.00****1c. Total of all property**Copy line 92 from Schedule A/B..... **\$18,400.00****Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D..... **\$70,183.47****3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of Schedule E/F..... **\$0.00****3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F..... **+ \$331,916.52****4. Total liabilities**Lines 2 + 3a + 3b..... **\$402,099.99**

Fill in this information to identify the case and this filing:Debtor Name The Experience Restaurant and Performing Arts Center, LUnited States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXASCase number _____
(if known)**Official Form 202****Declaration Under Penalty of Perjury for Non-Individual Debtors****12/15**

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets--Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *A Summary of Assets and Liabilities for Non-Individuals* (Official Form 206-Summary)
- ☐ Amended Schedule _____
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 06/22/2020
MM / DD / YYYY

X /s/ Andre Williams
Signature of individual signing on behalf of debtor

Andre Williams
Printed name

Owner
Position or relationship to debtor

Fill in this information to identify the case:Debtor name The Experience Restaurant and Performing Arts Center, LUnited States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXASCase number
(if known) _____☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy****04/19**

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**☐ None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue
Check all that apply.

Gross revenue
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:

From 01/01/2020 to
MM/DD/YYYY

Filing date

☒ Operating a business
☐ Other _____

\$3,912.00

For prior year:

From 01/01/2019 to
MM/DD/YYYY

12/31/2019
MM/DD/YYYY

☒ Operating a business
☐ Other _____

\$119,690.00

For the year before that:

From 01/01/2018 to
MM/DD/YYYY

12/31/2018
MM/DD/YYYY

☐ Operating a business
☐ Other _____

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None**Part 2: List Certain Transfers Made Before Filing for Bankruptcy****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☒ None

Debtor **The Experience Restaurant and Performing Arts Center, LLC**
Name

Case number (if known) _____

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or co-signed by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. Insiders include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None**5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None**6. Setoffs**

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None**Part 3: Legal Actions or Assignments****7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity--within 1 year before filing this case.

☒ None**8. Assignments and receivership**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None**Part 4: Certain Gifts and Charitable Contributions****9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**☒ None**Part 5: Certain Losses****10. All losses from fire, theft, or other casualty within 1 year before filing this case.**☒ None

Debtor The Experience Restaurant and Performing Arts Center, LLC Case number (if known) _____
 Name

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None

| Who was paid or who received the transfer? | If not money, describe the property transferred | Dates | Total amount or value |
|--|---|-------------------|-----------------------|
| 11.1. <u>Leinart Law Firm</u> | <u>Chapter 7 Attorney Fees</u> | <u>04/22/2020</u> | <u>\$2,200.00</u> |

Address

11520 N. Central Expressway

Street

Suite 212

Dallas

City

TX

State

75243

ZIP Code

Email or website address

Who made the payment, if not debtor?

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device. Do not include transfers already listed on this statement.

☒ None

13. Transfers not already listed on this statement

List any transfers of money or other property--by sale, trade, or any other means--made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None

Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Debtor The Experience Restaurant and Performing Arts Center, LLC
Name

Case number (if known) _____

Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- ☐ diagnosing or treating injury, deformity, or disease, or
- ☐ providing any surgical, psychiatric, drug treatment, or obstetric care?
- ☒ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?**

- ☒ No.
- ☐ Yes. State the nature of the information collected and retained _____
Does the debtor have a privacy policy about that information?
☐ No.
☐ Yes.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b) or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☒ No. Go to Part 10.
- ☐ Yes. Does the debtor serve as plan administrator?
☐ No. Go to Part 10.
☐ Yes. Fill in below:

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts, certificates of deposit, and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

- ☒ None

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

- ☒ None

Debtor The Experience Restaurant and Performing Arts Center, LLC Case number (if known) _____
Name

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

Part 12: Details About Environmental Information

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law?

Include settlements and orders.

- ☒ No
☐ Yes. Provide details below.

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No
☐ Yes. Provide details below.

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No
☐ Yes. Provide details below.

Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☒ None

Debtor The Experience Restaurant and Performing Arts Center, LLC Case number (if known) _____
 Name

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☒ None

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☒ None

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No.

☐ Yes. Give the details about the two most recent inventories.

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

| Name | Address | Position and nature of any interest | % of interest, if any |
|------|---------|-------------------------------------|-----------------------|
|------|---------|-------------------------------------|-----------------------|

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☒ No

☐ Yes. Identify below.

| Name | Address | Position and nature of any interest | Period during which position or interest was held |
|------|---------|-------------------------------------|---|
|------|---------|-------------------------------------|---|

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☒ No

☐ Yes. Identify below.

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

☒ No

☐ Yes. Identify below.

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

☒ No

☐ Yes. Identify below.

Debtor The Experience Restaurant and Performing Arts Center, LL
Name

Case number (if known) _____

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 06/22/2020
MM / DD / YYYY

X /s/ Andre Williams

Printed name Andre Williams

Signature of individual signing on behalf of the debtor

Position or relationship to debtor Owner

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☒ No
☐ Yes

B2030 (Form 2030) (12/15)

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF TEXAS
FORT WORTH DIVISION**

In re **The Experience Restaurant and Performing Arts Center, LLC**

Case No. _____

Chapter 7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

| | |
|--|--------------------------|
| For legal services, I have agreed to accept..... | <u>\$2,200.00</u> |
| Prior to the filing of this statement I have received..... | <u>\$2,200.00</u> |
| Balance Due..... | <u>\$0.00</u> |

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

B2030 (Form 2030) (12/15)

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

06/22/2020

Date

/s/ Marcus Leinart

Marcus Leinart
Leinart Law Firm
10670 N Central Expwy
Suite 320
Dallas, TX 75231
Phone: (469) 232-3328 / Fax: (214) 221-1755

Bar No. 00794156

/s/ Andre Williams

Andre Williams
Owner

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF TEXAS
FORT WORTH DIVISION**

IN RE: **The Experience Restaurant and Performing Arts Center, LLC**

CASE NO

CHAPTER **7**

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 6/22/2020

Signature */s/ Andre Williams*
Andre Williams
Owner

Date _____

Signature _____

Admiral Linen & Uniform
c/o Richard T Avis, Atty & Assoc
PO Box 31579
Chicago, IL 60631

ADT Security Services
PO Box 650485
Dallas, TX 75265-0485

ADT Security Services
PO Box 371878
Pittsburgh, PA 15250-7878

AlSCO Linen
1340 E. Berry St.
Fort Worth, TX 76119

American Express Blue Business Plus
P.O. Box 650448
Dallas, TX 75265-0448

American Express Business
P.O. Box 6540448
Dallas, TX 75265

Amur Equipment Lease
308 N. Locust St.
Grand Island, NE 68801

AT&T
PO Box 90245
Arlington, TX 76004

Atmos Energy
PO Box 650653
Dallas, TX 75265-0653

Attorney General of Texas
Collections Div/ Bankruptcy Sec
PO Box 12548
Austin, TX 78711-2548

Chase Bank
PO Box 182051
Columbus, OH 43218-2051

City of Grapevine
200 S. Main St.
Grapevine, TX 76051

Click Lease
1182 W. 2400 S.
West Valley City, UT 84119

Coke
PO Box 744010
Atlanta, GA 30384

Comptroller of Public Accounts
Revenue Accounting/ Bankruptcy Div
PO Box 13528
Austin, TX 78711

Eco Lap
7373 Kirkwood Ct. Ste. 200
Maple Grove, MN 55369

Fort Worth Fire Extinguisher Co
2400 Ludelle St, Unit 312
Fort Worth, TX 76105

Freshpoint
4721 Simonton Rd.
Dallas, TX 75244

Grapevine Water Billing
200 S Main St
Grapevine TX 76051

Hardies Meat
PO Box 671554
Dallas, TX 75267-1554

Internal Revenue Service
Centralized Insolvency Operations
PO Box 7346
Philadelphia, PA 19101-7346

Itria Ventures
One Penn Plaza, Suite 4530
New York, NY 10119

Kabbage
730 Peachtree St. NE Ste #1100
Atlanta, GA 30308

Kabbage
925B Peachtree St NE
Atlanta, GA 30309

Lighthouse Harbortouch
2202 N. Irving St.
Allentown, PA 18109

Linebarger Goggan Blair et al
2777 N Stemmons Frwy. Ste. 1000
Dallas, TX 75207

Metro Linen
325 E. Industrial Blvd.
McKinney, TX 75070

Metroplex Refrigeration
5224 Kaltenbrun Rd
Fort Worth, TX 76119

Metroplex Refrigeration Inc
5224 Kaltenbrun Rd
Fort Worth, TX 76119

Miller Business Solutions
5823 Jacksboro Hwy
Fort Worth, TX 76114

Navy Federal Credit Union
820 Follin Lane
Vienna, VA 22180

NuCo2
2800 SE Market Place
Stuart, FL 34997

People Fund
2921 E. 17th St. Bldg. D Ste. 1
Austin, TX 78702

Premier Bank Texas
1115 S. Main St.
Grapevine, TX 76051

Providence Capital Equipment
3020 Saturn St. Ste. 203
Brea, CA 92821

Regional Airport Limited Partnership
7015 Snider Plaza Ste. 203
Dallas, TX 75205

Republic Services
6100 Elliot Reeder Rd
Fort Worth, TX 76117

Simply Funding
45 Broadway, Suite 2450
New York, NY 10006

Smart Care
PO Box 74008980
Chicago, IL 60674-8980

Sysco Foods
800 Trinity Drive
Lewisville, TX 75056

Texas Alcoholic Beverage Commission
Licenses and Permit Division
PO Box 13127
Austin, TX 78711-3127

Texas Alcoholic Beverage Commission
Licenses and Permit Division
PO Box 13127
Austin, TX 78711-3127

Texas Comptroller Public Accounts
PO Box 13528
Austin, TX 78711

Texas Workforce Commission
TEC Building- Bankruptcy
101 E 15th St
Austin, TX 78778

Txu Electric/TXU Energy
Attention: Bankruptcy
PO Box 650393
Dallas, TX 75265

United States Attorney
3rd Floor, 1100 Commerce St
Dallas, TX 75242

United States Trustee
1100 Commerce St, Rm 9C60
Dallas, TX 75242

United States Trustee- Northern District
1100 Commerce St, Rm 976
Dallas, TX 75242

Viasat, Inc
6155 El Camino Real
Carlsbad, CA 92009